


Appendix A

The North West London Hospitals 	Agenda Item	
Report to Overview & Scrutiny Committee	Paper	
Meeting on: 16 Dec 2010		
Subject: NWLH Patient Experience Report and Update on We Care Patient Experience Programme		
Director Responsible: Carole Flowers, Director of Nursing	Author: Susan Mackie, Deputy Director of Nursing	
<p>Summary:</p> <p>Patient experience continues to be of increasing importance in the delivery of patient care and performance management of healthcare organisations, impacting on reputation, choice, national rating and income. The Trust is committed to improving the patient's experience.</p> <p>This report gives the committee an update on the We Care Patient Experience Programme, and informs the committee of on-going patient experience initiatives.</p> <p><u>'We Care' Patient Experience Programme</u></p> <p>To date 20 wards/departments and 959 staff have undergone the We Care training and are working on action plans to implement the improvements identified. This programme has resulted in improved engagement from the wider multidisciplinary clinical teams as well as non clinical staff. A more detailed evaluation report will be available in January 2011 and will inform future actions to continue to strengthen the programme.</p> <p>Themes from patient feedback includes them not feeling fully informed about what was happening with their treatment, or being involved as much as they wanted to be in decisions about their care, food service, and communication. Actions are in place to improve these and other aspects of the patients experience.</p> <p>Complaints and compliments metrics demonstrate there has been a reduction in complaints about staff attitude and an increase in compliments. The staff satisfaction survey, carried out pre and post commencement of the 3C training, shows a significant improvement in staff morale in some areas.</p> <p><u>Patient Experience Initiatives</u></p> <p>The introduction of Trust wide real time patient feedback and monthly reports to all wards and departments from January 2011 will provide local personalised feedback which will inform local actions to drive up the patient experience.</p> <p>The RCN Dignity training is being rolled out to all disciplines throughout the Trust and dignity Champions have been identified on each ward.</p> <p>Patient surveys are being updated to incorporate all current performance management criteria. A new Trust core action plan has been devised which supports divisional performance management, to support this a new patient experience operational group has been formed and</p>		

the current Patient Experience Committee meeting format is being reviewed to be more action focused.

The North West London Hospitals NHS Trust Patient Experience Report

1 Introduction

Patient experience continues to be of increasing importance in the delivery of patient care and performance management of healthcare organisations, impacting of reputation, choice, national rating and income.

The We Care patient experience programme was developed from stakeholder feedback on the issues they felt were important to ensure a positive patient experience. Caring with compassion, communication and consistency [3C's] were important themes identified as being essential to ensuring a good experience. These themes informed the philosophy of the programme which began in April 2009. This report provides the Trust Board an update on the We Care Programme.

The patient experience exception report [appendix 1] has been developed to give assurance that patient experience is actively embedded across the Trust. The exception report includes divisional reports on We Care activity, CQUIN National Indicators priority questions, core questions on privacy and dignity, Operating Framework Vital Signs questions, NHS London core questions, CQC Standards for Better Health patient experience questions, and other Quality work-streams reflecting the 10 national in-patient survey categories.

2 London In-Patient Experience Assurance Framework

Providers who scored 'underperforming' or 'performance under review' in relation to patient [user] experience as part of the NHS Performance Framework score and CQC Registration, and who wished to improve their in year performance rating were invited to complete the London In-Patient Experience Assurance Framework. This framework was the only methodology that NHS London accepted in order to submit to the Department of Health [DH] to request an in year change of rating. NHS London was required to provide the Department of Health with assurance that the Trust is driving up the quality of patient experience.

The DH ready - reckoner tool and assurance statement was submitted to NHS London at the end of November 2010. The Trust was required to re-survey in-patients, out-patients and A&E attendees, using the CQC questions which the Trust failed previously, and was required to ensure that new data was collected in a robust way. In addition the Trust was required to complete a patient experience action plan [appendix 2] and forward planner [appendix 3].

Completion of the ready - reckoner tool [appendix 4] demonstrates an improvement in patient responses, and as a result has moved the Trust from red to green, in the RAG status. This work has been submitted to the North West London Commissioning Partnership prior to submission to NHS London.

3. National School of Government

The Trust hosted visitors from the National School of Government Centre for Strategic Leadership. The National School of Government (previously known as the Civil Service College) is a non-ministerial department of the United Kingdom government that runs training, organisational development and consultancy courses for UK civil servant and private individual learners. The programme is aimed at high potential senior managers who are likely to reach the top of the Civil Service. As part of their programme participants are given the opportunity to explore real operational issues through working with real people and real problems in a front - line setting.

Two groups were invited to review the patient experience.

One group *The Customer Care Experience – First Impressions Matter* reviewed reception areas at Northwick Park Hospital. Recommendations included:

- The use clearer signposting to help customers find their way more easily
 - plain English on all signs
 - different coloured painted lines to help find most popular and difficult routes
 - consistent terminology
 - symbols as well as words on signs
 - remove unnecessary signs
 - more greeters at main reception
 - provide self service check ins
 - change main reception into a 'welcome space', remove desk
 - better A&E signage to navigate e.g. "just arrived?"

- The need for consistency in customer care by administrative roles.
 - common job role and title across the Trust e.g. 'Customer Care Officer'
 - application of common dress standards including third party provider
 - introduce a common set of Customer Care Standards that are incorporated into performance management
 - consistent recruitment process including use of role play
 - common customer care skills training package – needs to be part of wider skills strategy e.g. NVQ Level 2 in Customer Services
 - Board level champion for customer facing administrative employees

The second group considered *how to improve the CQUIN scores of the in-patient experience, specifically around care options and treatment.*

Recommendations included:

- everyone has a 'We Care' personal job objective
- multi-disciplinary participation in 'We Care'
- standard uniforms and titles to show one team
- evolve the 'We Care' package by extending it to everybody, action-orientation, regular refreshers at ward level, keeping patients informed and getting the basics right. Suggest rebranding to 'We ALL Care'
- sharing the best of what we do
- patient information booklets
- menus with pictures
- answering buzzers
- visiting other wards
- posters
- patient experience as everyone's responsibility
- we care and we show it
- sharing the best of what we do

In response to the feedback the Trust is developing a plan to take forward these recommendations.

4 Evaluation of Patient Experience Improvement Programme [We Care]

4.1 Introduction

Improving the patient experience programme consists of the following components:

- Delivering the 3Cs training – Compassionate care, Consistency & Communication
- Patient stories

- Nursing Promise
- Real time patient feedback
- Patient surveys on discharge
- PALS, Complaints and Compliments
- Bereavement care
- “Ask me 3” – increased patient involvement in their care
- Mystery shopping
- Staff engagement

4.2 Delivering 3Cs –Compassionate care, Consistency & Communication training

The training was designed and facilitated by an external consultant. The aims of the training sessions were to engage senior management and front line staff enable them to understand the changing needs of patients and empower them to make the changes necessary to improve the patient experience. This would result in a re energised workforce when they saw patients more satisfied with their experience. Training commenced in June 2009 and to date 20 wards/departments and 959 staff have undergone training staff in their multi disciplinary teams.

All Ward Managers were sent outputs from the training sessions and asked to feedback the positive aspects and action improvements. Examples of issues raised in the training sessions include: introducing ourselves and listening to patients, being reassuring and caring and giving consistent information, also improving discharge planning and better communication and team building with the rest of the multi disciplinary team so we work in collaboration rather than isolation. A number of these issues are addressed in the RCN Dignity Training, and a Trust wide review of the discharge process is taking place.

Observations of Care and Patient stories are used to monitor progress, sustain the improvements and to provide feedback to all staff. These tools also demonstrate to patients and relatives that the Trust is constantly reviewing and improving its services. It is planned to display improvements and successes on the new Patient Experience Boards.

Staff that undertook the 3C training were recently sent an evaluation form to complete to demonstrate the impact of the session.

4.2.1 What impact has the 3C training had on your team?

- “Staff felt more positive following the sessions and more aware of how important a good patient experience is”
- “It made us realise that we all have a part to play in making sure that the patient’s and families are treated as individuals”

4.2.2 What initiatives have been implemented since the 3C training?

- “Debriefing of staff following adverse events”
- “New patient information leaflets”
- “Refurbishment of waiting rooms/day rooms”
- “Improved signage”

4.2.3 How does We Care fit into your Ward strategy?

- “Highlights the need to share ideas and experience”
- “Brings the team together to think of issues and solutions”
- “Communication is more inclusive now”

4.2.4 What do you think worked well?

- “Air thoughts and concerns and come up with solutions”
- “Spending time with other members of the team away from the clinical area”
- “It really made the team think what is important to patients”

4.2.5 What can we do to improve sustainability?

- “Need resources to undertake the changes highlighted”
- “Involve the team and show small wins to encourage ongoing support to ‘buy in’ from them all”
- “Test how we are doing, but must include a broader remit than just complaints”

4.2.6 Any other comments/suggestions?

- “We need to look at the format and content of the sessions, they need to be shorter and more accessible”
- “We need to get more doctors involved so they can see the impact and help with making things better”

4.3 Patient stories

Patient stories are interviews with service users about their experience of receiving care. This is a powerful way of involving the person in their care and helping to find out which aspects they value and which areas need improving. The strength of the story is that the content is led by the individual involved and so reflects the issues that they feel are important. The Matrons and 14 other staff, including a number of Executive Directors have undergone training, and 10 stories have been undertaken.

An action plan is developed based on the themes emerging from each story and key stakeholders are informed of the major themes for improvement and sharing good practice. Themes can be included in business planning and clinical governance, and also influence objectives for training and development. A patient now presents his/her story to alternate Trust Board meetings.

The main themes arising from the stories include: communication, written information meeting and greeting, attitude of staff, being involved and informed, privacy and dignity, and food. Improvements include: implementation of a new “Coming into Hospital” leaflet, introduction of Comfort Rounds on all wards, RCN Dignity training for all staff, roll out of a new “modesty gown”, new menu implemented. The Visiting Policy has been reviewed to ensure patient’s wishes are taken into consideration. We are currently reviewing meal times to ensure that patient receive adequate nutrition and hydration.

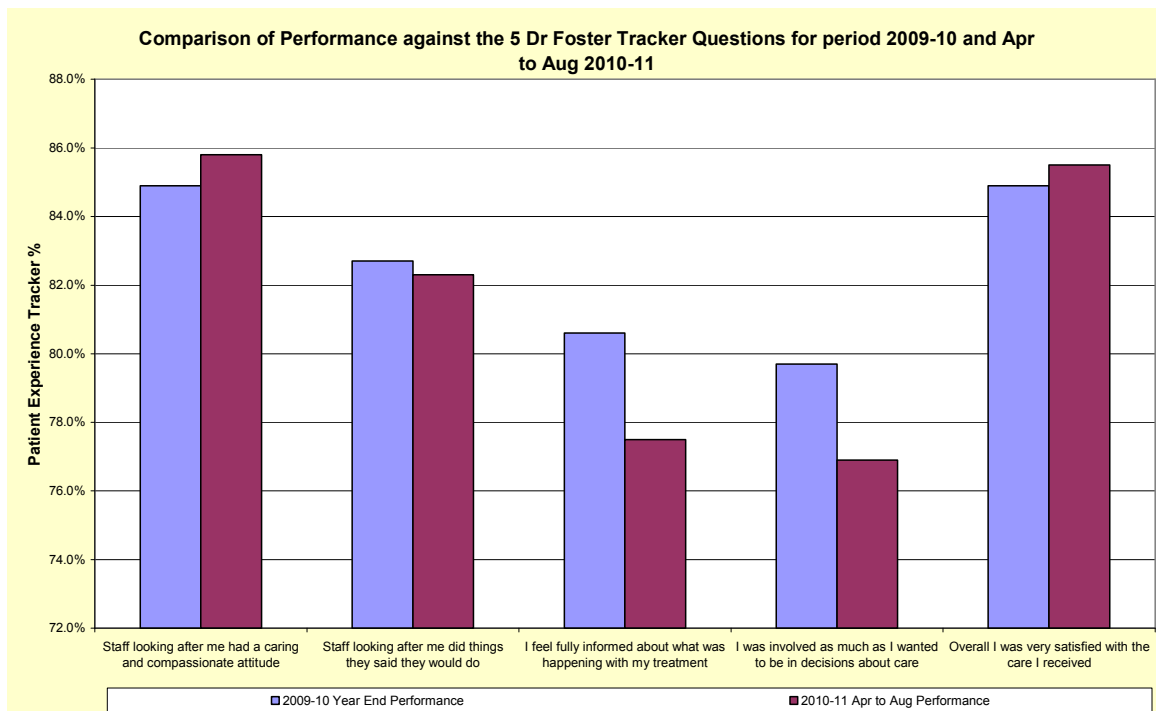
4.4 Real time patient feedback

In order to help evaluate the impact of the programme, the Trust introduced Dr Foster Patient Experience Trackers (PETS) in 12 clinical areas. The questions are based on themes from the 3Cs in particular, Caring, Compassion and Communication. The question “overall I was very satisfied with the care I received” shows an improvement from 84.9% to 85.5%, and the question “staff looking after me had a caring and compassionate attitude increased from 84.9% to 85.8%. However, the questions “I feel fully informed about what was happening with my treatment” and “I was involved as much as I wanted to be in decisions about care” are disappointing and will be the focus for work in the coming months.

Table showing real time patient feedback monthly responses

	RAG Status	Proxy target	YTD target	YTD actual	Apr-09	May-09	Jun-09	Jul-09	Aug-09	Sept-09	Oct-09	Nov-09	Dec-09	Jan-10	Feb-10	Mar-10
Staff looking after me had a caring and compassionate attitude	G	80%	80%	84.9 %	94.1 %	83.4 %	84.0 %	85.1 %	85.7 %	84.1 %	84.6 %	84.7 %	86.0 %	86.8 %	83.5 %	87.7 %
Staff looking after me did things they said they would do	G	80%	80%	82.7 %	83.8 %	80.2 %	81.7 %	83.6 %	84.8 %	82.6 %	81.4 %	83.7 %	83.5 %	83.8 %	83.0 %	85.4 %
I feel fully informed about what was happening with my treatment	G	80%	80%	80.6 %	75.0 %	78.3 %	80.2 %	80.9 %	82.7 %	80.0 %	80.3 %	83.3 %	79.9 %	83.0 %	80.6 %	79.5 %
I was involved as much as I wanted to be in decisions about care	R	80%	80%	79.7 %	73.5 %	76.5 %	79.4 %	81.0 %	82.9 %	80.2 %	79.4 %	83.0 %	78.7 %	82.8 %	79.8 %	75.8 %
Overall I was very satisfied with the care I received	G	80%	80%	84.9 %	88.2 %	83.4 %	84.3 %	84.2 %	86.9 %	83.9 %	84.6 %	84.8 %	86.0 %	87.9 %	82.7 %	87.8 %

	RAG Status	Proxy target	YTD target	YTD actual	Apr-10	May-10	Jun-10	Jul-10	Aug-10	Sept-10		2009 Actual	Dec-09	Jan-10	Feb-10	Mar-10
Staff looking after me had a caring and compassionate attitude	G	80%	80%	85.8 %	84.1 %	86.6 %	85.3 %	88.8 %	86.3 %			84.9 %	86.0 %	86.8 %	83.5 %	87.7 %
Staff looking after me did things they said they would do	G	80%	80%	82.3 %	80.4 %	85.4 %	80.0 %	82.5 %	84.0 %			82.7 %	83.5 %	83.8 %	83.0 %	85.4 %
I feel fully informed about what was happening with my treatment	R	80%	80%	77.5 %	77.2 %	79.2 %	76.1 %	80.4 %	74.8 %			80.6 %	79.9 %	83.0 %	80.6 %	79.5 %
I was involved as much as I wanted to be in decisions about care	R	80%	80%	76.9 %	75.8 %	78.5 %	72.7 %	77.7 %	81.0 %			79.7 %	78.7 %	82.8 %	79.8 %	75.8 %
Overall I was very satisfied with the care I received	G	80%	80%	85.5 %	84.2 %	85.7 %	84.0 %	86.5 %	88.7 %			84.9 %	86.0 %	87.9 %	82.7 %	87.8 %



The Trust is about to implement a new system to measure patient feedback. There will be either hand held devices in all clinical areas or kiosks in A&E and in the outpatient departments from January 2011. This system will provide more flexible reporting, with an analysis of data displayed on patient experience notice boards for patients, staff and relatives to see the improvements to the patient experience.

4.5 Mystery Shoppers/ Hospital User Bank

The North West London Hospitals NHS Trust [NWLH] User Bank [HUB] is made up of NWLH past and current patients and visitors who have volunteered to become involved in service improvement activity. The HUB database currently stands at approx 100 members. This involves HUB members observing various aspects of the Trust services to identify what can be improved. Audits include reviewing signage throughout the hospital, menu tasting and completing a patient journey through outpatients. This has resulted in improvements to existing signage and enabled us to give positive feedback to the Outpatients Reception staff about their helpful attitude. The HUB will be used as the core of the Foundation Trust shadow membership development.

4.6 Patient surveys on discharge

All patients are given a paper survey to complete on the day of discharge which includes the 5 Commissioning for Quality and Innovation Scheme [CQUIN] questions:

- I found that there were members of the hospital staff that I could talk to about my worries and fears
- I was involved as much as I wanted to be about my care and treatment
- I felt I was treated with respect and dignity whilst on this ward
- I was told about medication side effects
- I was told who to contact if I was worried about my condition after leaving hospital

These questions are currently being analysed and will be incorporated in the in-patient survey on the new patient feedback devices.

4.7 Complaints and Compliments

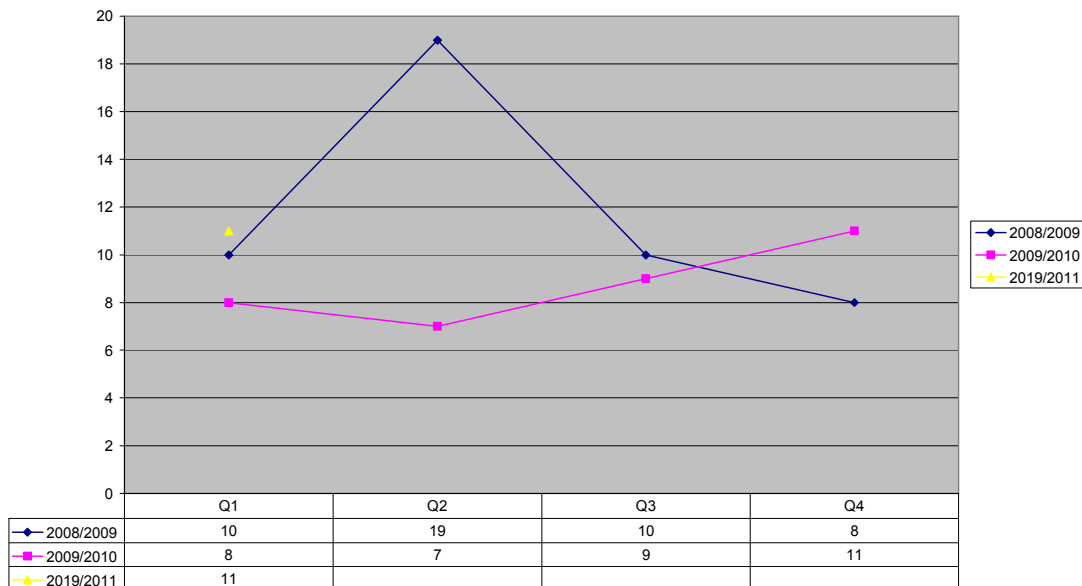
The impact and key improvement areas of the programme are reflected in the number of PALS issues, formal complaints and staff compliments.

One of the key elements of the ‘We Care’ programme is to help staff to realise the importance of good attitude and communication skills when dealing with patients. The table below demonstrates that complaints related to staff attitude and communication are still issues that need to be addressed Trust wide. Staff awareness of the importance of good communication skills and a pleasant attitude when meeting and greeting patients and families is highlighted in the RCN Dignity Training which is being cascaded to all staff groups.

4.7.1 Communication and Attitude Complaints issues

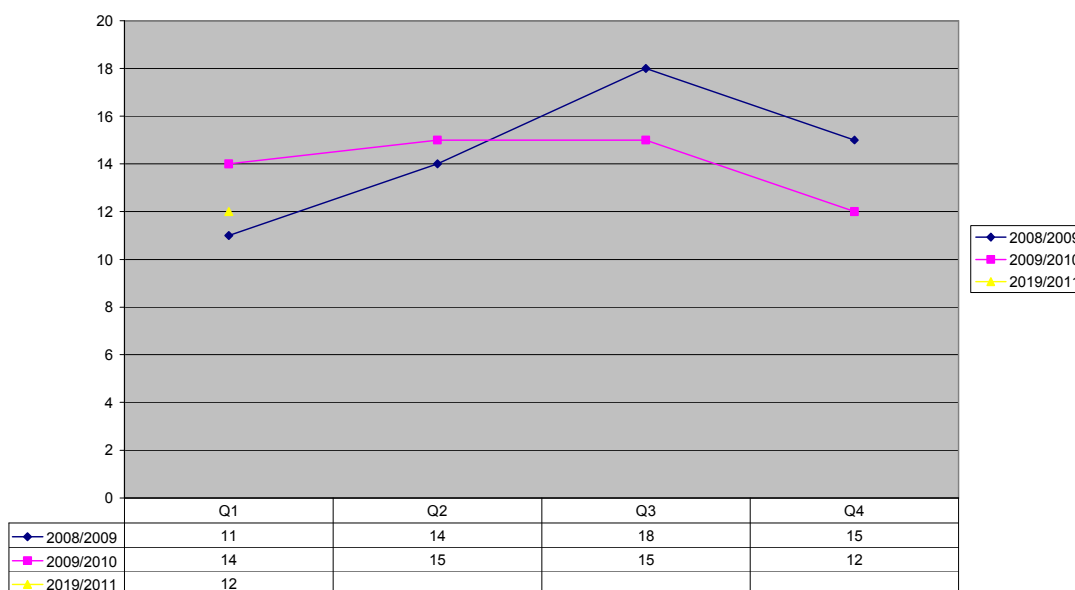
Issue	Q1 08/09	Q2 08/09	Q3 08/09	Q4 08/09	Q1 09/10	Q2 09/10	Q3 09/10	Q4 09/10	Q1 10/11
Total Communication complaints issues	19 10%	33 19%	18 10%	14 8%	14 8%	12 7%	16 9%	22 11%	18 11%
Total Attitude Complaints issues	21 11%	24 14%	32 18%	27 15%	24 14%	27 15%	26 15%	23 12%	20 12%
Total number of complaints received	198	170	176	176	166	178	177	199	168

PERCENTAGE OF COMPLAINTS RELATING TO COMMUNICATION



The number of complaints relating to attitude and communication remain fairly consistent but further work is required to extrapolate the relationship between the We Care patient experience programme and the number and types of complaints received.

PERCENTAGE OF COMPLAINTS RELATING TO STAFF ATTITUDE



4.8 Compliments

The Trust received 220 formal compliments during the period 1st April 2009 to 31st March 2010, which is in addition to the many thank you letters and notes received informally within wards and departments. This is an increase on the previous year when we received 161 formal compliments.

Below are some extracts from the compliment letters that the Trust has received during the past few months:

“each of the team members managed my daughters needs sensitively and with the upmost care.....I was particularly touched by the fact that they communicated all information not only to me but to my daughter directly..... this ensured my daughter’s anxieties were reduced enabling her to cope well with what is a very difficult situation. Although her prognosis was poor, I will always have the memory that during her final hospital stay she was cared for by an outstanding team of exceptional people”

“I wish to thank your organisation for the speed of response when dealing with our mother..... although she passed away 6 days later, it was not for want of care or concern. We were extremely impressed by the professionalism of all concerned.”

“I would like to give my heartfelt thanks to all the staff, in particular to those on night duty on 9 September 2010. I cannot praise them highly enough for the excellent care and the way they made you feel that nothing was too much trouble. What a fantastic, dedicated team of people, I hope they are given all the recognition they deserve. Many thanks once again”

“ I felt I should write to you to inform you of what a wonderful hospital NPH is.....I was seen without delay, investigations were prompt, the general day to day running of the ward was excellent as was the standard of hygiene and cleanliness patients were kept fully informed and treated with the upmost respect and dignity”

“thank you most sincerely for the excellent medical care and attention you gave me..... I was very impressed at how dedicated you all were..... however what struck me most was the friendliness and pleasant atmosphere that permeated the ward.... It was like a strange and potent alchemy that helped in no small way. I am now convalescing nicely at home feeling like a 2yr old.”

4.9 PALS

Communication and Attitude PALS issues [Aug 09 – Sept 10]

	Q1 08/09	Q2 08/09	Q3 08/09	Q4 08/09	Q1 09/10	Q2 09/10	Q3 09/10	Q4 09/10	Q1 10/11
'Communication' PALS issues	18	39	30	50	61	12	45	30	61
'Attitude' PALS issues	27	36	50	43	46	17	22	50	46
Total number of PALS received					597	605	638	660	617
Communication and attitude as % of total PALS					18%	8%	11%	12%	17%

Further analysis is planned to draw inferences and conclusions from the PALS data.

4.10 Bereavement Care

The bereavement service at the Trust follows a pathway of advice, support and guidance for all those families affected by death. A generic bereavement information pack has been produced which contains useful and timely information for all the bereaved whether the death is expected or unexpected. This information includes:

- Local bereavement services
- Signposting to other services
- National guidance on what to do after death including the involvement of H.M. Coroners Services
- Bereavement benefits
- Postal services
- The Medical Certificate of the cause of death is offered within 1 working day [national standard is 2 working days]
- A Trust condolence card is offered

As part of the national framework for care of the dying and the bereaved, work is being undertaken, in conjunction with Macmillan services, to promote and ensure that all staff have skills to support the bereaved in all matters pertaining to their spiritual, cultural and emotional welfare needs. This work has been benchmarked against the National End of Life Care Programme – Achieving Quality in Acute Hospitals.

Bereavement Complaints

Time line	Q1 08/09	Q2 08/09	Q3 08/09	Q4 08/09	Q1 09/10	Q2 09/10	Q3 09/10	Q4 09/10	Q1 10/11
Number of bereavement complaints received	14	13	12	17	8	6	12	21	9
Total number of complaints received	198	170	176	176	166	178	177	199	168
% of bereavement complaints compared to total	7%	8%	7%	10%	5%	3%	7%	11%	5%
Number of bereavement meetings held	n/a	n/a	n/a	n/a	3	4	8	3	38

The complaints received, in relation to bereavement, cover all aspects of communication and documentation. There was an increase in the number of bereavement complaints received in quarter 4 in 09/10. This may be due, in part, to the secondment of the bereavement coordinator. On a positive note, the number of bereavement meetings held also rose significantly in the first quarter of 2010, and this corresponds to the introduction of the Trust bereavement card in April 2010. A key action is to continue the planned work in relation to developing a comprehensive Trust bereavement service, and working collaboratively with local partners.

4.11 Patient and Public Involvement activity linked to the We Care project

- Several members of Trust staff are working with the Collaboration for Leadership in Applied Health Research and Care [CLAHRC] to develop patient pathways in conditions including Diabetes, Dementia, Chronic Obstructive Pulmonary Disease [COPD] and Community Acquired Pneumonia [CAP]. Patients and their carers are represented on all the work streams as the aim is to identify and implement best practice. Digital stories featuring patients, carers and staff have been recorded for all specialities. These provide a valuable resource for patient and staff teaching.
- Survey results from patients attending the Genito-Urinary Medicine [GUM] clinic indicated a need for more information. As a result of this, a volunteer attends the Central Middlesex Hospital site two mornings a week to give welfare and legal advice. An outreach project has also been set up for Asian women who contract Chlamydia.
- The PPI Lead and Speech and Language Therapists have facilitated a series of focus groups for Harrow patients affected by Stroke. The aim is to find out how patients feel about the service they received as inpatients and identify areas for improvement. Improvements include:
 - Folders for aphasia patients with information about personal goals, therapy advice and exercises
 - Weekly meetings with the patient's key worker and full family involvement to discuss goals and progress
 - Review of the key worker role
 - Development of an educational DVD for patients post stroke and their families
- The PPI Lead attended the Harrow Women's Association to talk about the We Care programme following a request from the Chair at the AGM.
- Maternity services are working with the Commission for Racial Equality [CRE] to encourage teenage mothers from disadvantaged backgrounds to give feed back on their experiences.
- Patient diaries are kept by staff and families of patients in Critical Care which are presented to patients in the recovery phase. There is also a nurse led clinic for patients to attend 6 weeks following discharge to find out what happened to them when they were unconscious. The feedback from patients and carers is currently being evaluated.
- The Cancer Support and Information Centre has developed a feedback form for patients using the service. Many of the comments are very positive e.g. "The service was very informative, it made us feel like someone cared."
- The Trust works closely with Harrow Carers to promote Carers' rights. They are represented at the Patient, Public and Partnership Committee and representatives visit Northwick Park Hospital every 2 weeks to promote the service. They also attend ward meetings to raise awareness amongst staff.
- Familiarisation ward visits with LINKs have been introduced to raise awareness and provide feedback. The key issues raised for action concern the environment, communication and information, all of which are addressed in the We Care training.

4.12 Next Steps for the 'We Care' Programme

- Re launch and re brand the current programme as We All Care
- Establish a Patient Experience Board with Divisional leads responsible for patient experience
- Staff sign contract of responsibility at training to promote buy in and sustainability

4.13 Conclusion

The 'We Care' programme at North West London Hospitals NHS Trust has given staff the opportunity to stand back from their areas of work and view the service, attitudes and behaviours of their teams from the patient's perspective. It has also reinforced the importance of small things in the patient's journey, and how improving these issues can make a huge impact on the overall patient experience. It has helped staff to understand each other's roles and the importance of working together as a cohesive team to make the necessary changes to the service. Patients can see that the Trust is endeavouring to make improvements to the environment as well as the attitudes and behaviours of the staff caring for them during their stay.

The focus will be on reminding staff of the original aims of implementing the original programme in 2009. It is essential to make explicit the improvements to date and to motivate and support staff to continue to recognise how the patient experience influences their perception of their care. The Trust must ensure that the 3C's Compassionate care, Consistency and Communication continue to be reinforced and embedded in the culture of the organisation.

Patient experience continues to be of increasing importance to the Trust in the delivery of patient care and performance management. It impacts on the reputation of the Trust, patient choice, our national rating and income. Actions include improving our patients' experience with a current focus on food service, nutrition and evaluating and strengthening the 'We All Care' Programme. The introduction of Trust wide real time patient feedback and monthly reports to all wards and departments will provide local personalised feedback which will inform local actions to drive up the patient experience. This information will support other evidence in the drive to improve the Trusts performance rating.

Appendix 1

PATIENT EXPERIENCE EXCEPTION REPORT

Division Report:		Surgery			
Lead:		Head of Nursing			
Reporting Month:		2010			
Overall objective status					
Driver	The higher the score the better.	Measurement	Target	Position	RAG Status
“We Care”	Each Matron undertakes / facilitates at least one patient story a month.	Monthly	100%	100% ► ▲▼	
	Each Matron undertakes / facilitates at least one observation of care a month.	Monthly	100%		
	Each ward / area returns min of 20 discharge surveys a month	Monthly	100%		
CQUIN National Indicators Priority Questions.	Patients were involved as much as they wanted to be in decisions about their care and treatment?	Monthly Real time feedback	75%		
	Patients found hospital staff to talk to about their worries and concerns?	Monthly Real time feedback	75%		
	Patients were given enough privacy when discussing their condition and treatment? (Vital signs)	Monthly Real time feedback	85%		
	Staff told patients about medication side effects to watch for when at home	Monthly Real time feedback	75%		
	Patients told who to contact if worried about their condition or treatment after they left hospital?	Monthly Real time feedback	80%		
Privacy and Dignity – core questions	Patients did not share sleeping accommodation with opposite sex?	Monthly Real time feedback	100%		
	Patients did not share the bath or shower area with patients of the opposite sex?	Monthly Real time feedback	100%		
Operating Framework Vital Signs	Complaints resolved within first negotiated timescale	Monthly	75%		
	Patients family report they had the opportunity to talk to a doctor if they wanted to.	Monthly	70%		
	Patients could find a member of staff to talk to in A&E	A&E survey Real time feedback	80%		
	Patients given enough privacy when being examined	Real time feedback Out-patient Survey	95%		
	Patients were asked to give their views on the quality of care	Monthly Real time feedback	50%		
	Patients saw posters and leaflets telling them how to complain	Monthly Real time feedback	50%		

NHS London – Core Questions	Patients had confidence in the nurses treating them	Monthly Real time feedback	90%		
	When you had an important question to ask a nurse, always got answers that could be understood?	Monthly Real time feedback	85%		
	Patients got enough help from staff to eat their meals?	Monthly Real time feedback	80%		
	Would recommend the hospital to family and friends	Monthly Real time feedback	80%		
CQC standards for better health – patient experience	Admission date was not changed?	Monthly Real time feedback	95%		
	Short length of time on waiting list	Monthly Real time feedback	75%		
	No delays in Discharge	Monthly Real time feedback	85%		
	Food was good or excellent	Monthly Real time feedback	70%		
	Offered a choice of food	Monthly Real time feedback	90%		
Other Quality work-streams Reflecting the 10 national in-patient survey categories.	Always got clear answers to questions from Nurses	Monthly Real time feedback	85%		
	Nurses did not talk in front of patients as if they were not there	Monthly Real time feedback	90%		
	The anaesthetist explained how he or she would put you to sleep?	Monthly Real time feedback	95%		
	Told how to expect to feel after surgery	Monthly Real time feedback	85%		
	Hospital staff did everything they could to control pain	Monthly Real time feedback	86%		
	Had confidence and trust in the doctors treating you	Monthly Real time feedback	90%		
	Doctors did not talk in front of patients as if they were not there	Monthly Real time feedback	90%		
	When you had an important question for a doctor, always got answers that could be understood	Monthly Real time feedback	90%		
	Overall rate of care received as good or excellent	National Survey Bi-annual bedside survey	90%		
	Given enough information about how to complain	Monthly Real time feedback	50%		

Exceptions narrative

Reason for Red / Amber status

Achievements

Learning / areas for improvement

Next Steps - Action Plan

Action	Target Date	Lead

Issues for escalation

Key Issues to be escalated	Required Resolution (Date)

Key	Green	Target score or above	Amber	Up to minus 5 of the target	Red	More than minus 6 of the target
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Patient Experience ACTION PLAN 20010/11

The aim of these actions are to improve the patients experience and the trust overall score as part of the national survey programme. The actions are focused on achieving the national CQUIN, Operating Framework Vital Signs and National In-patient Survey standards as well as key issues highlighted from patient's feedback. Wards and department are encouraged to have local patient experience work plans, which utilise local feedback e.g. real time survey, interviews and observations of care. Real time feedback will support a more robust performance management framework within the divisions, monitoring compliance trend and informing local and Trust wide actions.

To avoid some duplication core actions are detailed at the end of this plan.

Standard / Target	Action	RAG	Lead	Timescale	Progress / Outcomes	Assurance /Monitoring
CQUIN – National standards, measured by annual National In-patient survey results						
75% of patients were involved as much as they wanted to be in decisions about their care and treatment?	Develop nursing ward round guidance ✓ Implement ward rounds ✓ Reflect in 'comfort round' Include in current nursing documentation Include in relevant multidisciplinary staff induction & training. ✓		DoN HoN DDoN HoN DDoN	July 10 August 10 Nov 10 Nov 10 Sept 10	Actions as indicated (✓) taken by Leads. Discharge survey results Oct 2010 - 84%	Bi-monthly reports to PPIPICO, ¼ Matrons' report to Trust Board
75% of patients found a member of the hospital staff to talk to about their worries and concerns? (Vital signs)	Question included in comfort rounds, nursing ward rounds and training as above. Doctors, therapists and other staff are requested to use this language during patient conversations. Tell Us posters to be reviewed to highlight this question.		As above DoN PPI Lead	Ongoing Nov 10	This was the main focus of action in August as improvement in this question will have the greatest impact in the overall cumulative score required to obtain the CQUIN allocation. Positive feedback from both staff and patients during senior nursing tests of assurance Discharge survey results Oct 2010 - 83%	Bi-monthly reports to PPIPICO
85% of patients were given enough privacy when discussing their condition and treatment? (Vital signs)	Introduce privacy & dignity train the trainer programme ✓ Train all Matrons ✓ Dignity champion in all wards / departments 50% of all ward staff trained		PPI Lead PPI Lead PPI Lead	August 10 Oct 10 Jan 11 Dec 10	Actions as indicated (✓) taken by Leads. 30% wards have received dignity training Discharge survey results Oct 2010 -	Bi-monthly reports to PPIPICO ¼ Matrons' report to Trust

Standard / Target	Action	RAG	Lead	Timescale	Progress / Outcomes	Assurance /Monitoring
	Dignity training all areas		HoN	March 11	95% of patients reported that they were treated with respect and dignity on their ward	Board
75% of patients reported that a member of staff told them about medication side effects to watch for when they went home	Include in discharge checklist and audit tool ✓ Conduct random monthly audits CLAHRC patient video stories to evaluate experience. ✓ Review medicine management process and training		HoN HoN CLAHRC lead CLAHRC lead	Nov 10 Jan 11 Oct 10 Jan 11	Actions as indicated (✓) taken by Leads. Continue to progress the CLAHRC medicines management project Discharge survey results Oct 2010 - 57% were informed about drug side effects and what to look out for following discharge	Bi-monthly reports to PPIPICO
80% of patients reported that hospital staff told them who to contact if they were worried about their condition or treatment after they left hospital?	Include in discharge checklist and audit tool ✓ Ensure all wards have discharge patient information sheet ✓ Include section in-patients booklet		HoN HoN Comms Lead	Sept 10 Nov 10 Jan 11	Actions as indicated (✓) taken by Leads. New in-patient booklet in first draft Discharge survey results Oct 2010 - 59% patients were informed who to contact if worried	Bi-monthly reports to PPIPICO
National Operating Framework – measured by annual National In-patient survey results						
Focus on the person (VSB16-01)						
25% or less of written complaints not resolved within the negotiated timeframe.	Weekly meetings with Director of Nursing ✓ Develop shared drive to support 'live' performance, core action plan and evidence of learning / change ✓ Revised complaints policy ✓ Confirm points of complaint with complainant if not clear. ✓ Negotiate date of complaint response with complainant. ✓ Performance metrics agreed ✓ Collaborative help to support reduction of overall number of outstanding complaints within Divisions ✓ Temporary staff employed corporately and within Divisions. ✓		DON PRM & LI	August 10 September 10 October 10 October 10 September 10 Sept 10 Ongoing	Actions as indicated (✓) taken by Leads. Additional resources planned to help emergency & specialist medicine and survey ongoing until improvements seen. Complaints policy complete – awaiting approval. Weekly operational meetings with Heads of Nursing to drive up performance, share learning and follow through actions being held and	¼ Complaint reporting to Trust Board

Standard / Target	Action	RAG	Lead	Timescale	Progress / Outcomes	Assurance /Monitoring
	Implement a 3 or more alert to trigger RCA investigation. ✓ Include complaints information on patient experience ward visual boards.			October 10 January 11	positively evaluated. Core shared drive developed and action plan monitored corporately	
30% or less of families report they did not have the opportunity to talk to a doctor if they wanted to.	Include in patient information sheet ✓ Include in patient in-patient booklet Devise visitors information guidance Include in visiting policy Include in carers strategy		HoN Comms Lead PPI lead DDoN	Nov 10 Jan 11 Jan 11 Dec10 Feb 11	Actions as indicated (✓) taken by Leads. In-patient leaflet in draft format First draft of revised visitors policy with emphasis on the role of the carer Audit planned for March 2011 Discharge survey results Oct 2010 - 85% would recommend the Trust if a member of their family needed treatment	Bi-monthly reports to PPIPICO
25% or less of patients could not find a member of staff to talk to about their worries and fears.	Develop nursing ward round guidance ✓ Implement ward rounds ✓ Reflect in 'comfort round' Include in current nursing documentation ✓ Include in relevant multidisciplinary staff induction & training. ✓ All wards to have received dignity training		DoN HoN DDoN HoN DDoN HoN	July 10 August 10 Nov 10 Sept 10 Sept 10 March 11	Actions as indicated (✓) taken by Leads. Positive feedback from Matrons from Comfort rounds Discharge and 'pilot' real time survey. Real time survey roll out planned for November 2010 Discharge survey results Oct 2010 – 84% found a member of staff to talk to about their worries and fears.	Bi-monthly reports to PPIPICO ¼ Matrons' report to Trust Board
20% or less of patients were not able to find a member of staff to help (A&E survey)	Feedback given to staff ✓ Review of patient information & signage Patients survey ✓ Implement pilot Real Time Feedback to inform A&E actions. Volunteers to undertake observation in A&E All staff to receive dignity training		DoN HoN PPI lead PPI lead PPI lead HoN	July 10 Nov 10 Nov 10 December 10 Jan 11 March 11	Actions as indicated (✓) taken by Leads. Monthly A&E survey from Nov 10	Bi-monthly reports to PPIPICO
No patients when first admitted, share their sleeping area with a	Feedback given to staff ✓ Training included on staff induction ✓		DoN DDoN	July 10 Sept 10	Actions as indicated (✓) taken by Leads.	Bi-monthly reports to

Standard / Target	Action	RAG	Lead	Timescale	Progress / Outcomes	Assurance /Monitoring
member of the opposite sex. (unless clinically justifiable e.g. ITU / CCU	Review P&D policy in line with new guidance Assess all 'non general areas' Install opaque film to windows Review documentation to record clinical rationale / patient consent to care in mixed sex bay ✓ Continue monitoring and feedback to wards via ✓ Nursing dashboard. ✓ Review essence of care plans ✓ Undertake annual P&D audit All staff to receive Dignity training		DDoN DDoN DDoN HoN HoN HoN HoN DDoN HoN	Nov 10 Nov 10 Feb 11 Sept 10 Ongoing Ongoing Ongoing Feb 11 March 11	No breaches New monitoring and RCA introduced as part of National monitoring requirement. November plan to review again ITU/HDU/ CCU etc to ensure all action is taken to maximise the patients and carers experience.	PPIPICO ¼ Matrons' report to Trust Board
No patients had to use the same bathroom or shower area as patients of the opposite sex	Feedback given to staff ✓ Covered during staff induction ✓ Annual manual discharge audit to inform local actions and RTF as implemented. ✓ Patient orientation included in to admission pack As space becomes available additional toilet wash facilities installed. Review essence of care plans All staff to receive dignity training With LINKs undertake a dignity audit Observations of care by nurses and HUB members (ex patients)		DoN DDoN PPI Lead DoN DDoN HoN HoN PPI Lead PPI Lead	July 10 Sept 10 Nov 10 Jan 11 Ongoing Ongoing March 11 Jan 11 Feb 11	Actions as indicated (✓) taken by Leads. Reinforced essence of care standards	Bi-monthly reports to PPIPICO ¼ Matrons' report to Trust Board
15% or less of patients were not given enough privacy when discussing their condition or treatment.	Feedback given, staff asked to be sensitive to this need and implement standard ✓ Reinforce standard & essence of care benchmark Implement full trust roll out of Real Time Feedback to inform local ward actions		DoN HoN PPI Lead	July 10 Ongoing Nov 10	Actions as indicated (✓) taken by Leads. Individual ward feedback will help influence local change. Reinforced essence of care standards	Bi-monthly reports to PPIPICO ¼ Matrons' report to Trust Board
15% of patients or less were not given enough privacy when discussing their condition or treatment	As above		DoN HoN PPI Lead	July 10 Ongoing Nov 10	Event themes of issues and solutions to assist in local action plan.	Bi-monthly reports to PPIPICO ¼ Matrons'

Standard / Target	Action	RAG	Lead	Timescale	Progress / Outcomes	Assurance /Monitoring
(out-patients)						report to Trust Board
15% of patients or less were not given enough privacy when being examined or treated. (out-patients)	Feedback given, staff asked to be sensitive to this need and implement standard√ Local Action plan√ Repeat survey√ 'Tell us' event Real time feedback implementation Revise local action plan All staff to revive dignity training Observations of care		DoN Matron PPI Lead PPI Lead PPI Lead Matron Matron PPI Lead	July 10 July 10 Nov 10 Feb 11 Nov 10 Dec 10 March 11 March 11	Actions as indicated (√) taken by Leads. Action plan monitored and presented to PIPPCO	Bi-monthly reports to PPIPCCO ¼ Matrons' report to Trust Board
Focus on improving s an organisation (VSB16-03)						
30% or less of patients during their stay were not asked to give their views on quality of care.	Feedback given to wards√ Pilot real time survey √ Implement full trust roll out Real Time Feedback Local ward action plans √ Reinforce in revision of in-patient booklet √ Devise guidance for ward sister / matrons ward rounds√ Patient experience boards – feedback results and actions		DoN PPI Lead PPI Lead HoN Comms Lead DoN PPI Lead	July 10 Ongoing Nov 10 Ongoing Jan 11 July 10 Jan 11	Actions as indicated (√) taken by Leads Ward	Bi-monthly reports to PPIPCCO
30% or fewer patients whilst in hospital did not see posters or leaflets explaining how to complain.	Re-audit of how to complain posters on wards and put up if necessary √ Review text in in-patients booklet √ Monthly discharge survey √ Include as part of ward sisters / matrons ward round guidance√ Review position / visibility and content of how to complain posters Include complaints / PALS service on the patient information Boards Include in new out-patient information leaflet		PPI Lead DoN PPI Lead DoN PPI Lead HoN Comms Lead	Nov 10 Nov 10 Ongoing July 10 Dec 10 Jan 11 Feb 11	Actions as indicated (√) taken by Leads	¼ Complaint reporting to Trust Board

Standard / Target	Action	RAG	Lead	Timescale	Progress / Outcomes	Assurance /Monitoring
48% or less of patients reported that they wanted to be more involved in decisions about their care	Feedback given to wards ✓ Review text in in-patients booklet ✓ Monthly discharge survey ✓ Implement real time feedback all wards etc Include in core assessment booklet All staff to have dignity training		DoN DoN PPI Lead PPI Lead HoN HoN	July 10 Nov 10 Ongoing Nov 10 Jan 11 March 11	Actions as indicated (✓) taken by Leads	Bi-monthly reports to PPIPICO
7% or less patients reported that their room or ward not very or not clean at all.	How to report problems and escalate included on ward patient information board Include in admission core assessment booklet Continued cleaning auditing, monitoring. ✓ Director of Nursing, Chief Executive walk rounds / inspections ✓ Matrons / Heads of Nursing etc inspections. ✓ Mock peat visits – at least 2 a year Mock CQC inspections – every 6 months		PPI Lead HoN HoN CE DoN DoN	Jan 11 Jan 11 Ongoing Ongoing Review Jan 11 Review Mar 11	Actions as indicated (✓) taken by Leads Nurse ward round guidance supports increased communication with patients, reactive action and documentation of trends to improve the patient's experience.	Bi-monthly reports to PPIPICO
17% or fewer patients reported hospital toilets not very or not clean at all.	As above HUB inspections 'Good Loo Guide' - at least twice a year		PPI Lead	Review Feb 11	Actions as indicated (✓) taken by Leads Discharge survey results Oct 2010 – 74% reported that the toilets and bathrooms were clean	Bi-monthly reports to PPIPICO
We Care						
Patient feedback	Each ward / area returns min of 20 discharge surveys a month Display results and actions on patients experience boards Develop a patient communication plan All relevant information will be included in a new trust in-patient booklet Out-patient booklet A&E Information sheet Stroke and other local patient group feedback		HoN PPI Lead Comms Lead " " " PPI Lead	Ongoing Jan 11 Jan 11 Jan 11 Feb 11 Feb 11 Ongoing	Actions as indicated (✓) taken by Leads The majority of wards are meeting the target of 20 returns. The majority but not all wards currently have patient experience boards The majority of ward have local action plans	Bi-monthly reports to PPIPICO

Standard / Target	Action	RAG	Lead	Timescale	Progress / Outcomes	Assurance /Monitoring
	All 'Ready reckoner / CQUIN /We care questions included are included in the paper discharge surveys√ All national patient surveys e.g.: in-patient / out-patient / A&E as well as local priorities e.g. young person's & GUM will be analysed and followed up with sharing good practice and actions to drive up continuous quality improvement. √ Fully implement RTF Patient stores /observations of care√ Focus groups / PIPPCO Implement a '100 voices'		DDoN DDoN PPI Lead PPI Lead PPI Lead PPI Lead	Nov 10 Ongoing Nov 10 Ongoing Feb 11 March 11		
Staff satisfaction	Develop collective nursing, midwifery and therapy strategy√ Introduce trust wide staff survey via real time feedback by ward / department Staff focus groups Nursing open forums √ Chief executive open forums We care / 3 C training / action planning		DoN HR Lead HR Lead DoN CE PPI Lead	Aug 10 Jan 11 Feb 11 Nov 10 Ongoing ongoing	Actions as indicated (√) taken by Leads	Bi-monthly reports to PIPPCO ¼ Matrons' report to Trust Board
Improve performance management and accountability	Review KPI targets – develop exception report template √ Develop core action plan √ Establish operational patient experience committee√ Review PIPCO committee – action focused		DoN DoN DoN DoN	Oct 10 Nov 10 Nov 10 Dec 10	Actions as indicated (√) taken by Leads First operational committee held	Bi-monthly reports to PIPPCO
Review nursing documentation	To include all current clinical requirements and reflect the key relevant CQC and national patient surveys standards		CLAHRC lead	March 11	Review of current documentation has commenced.	Bi-monthly reports to PIPPCO

Key: DoN = director of Nursing DDoN = Deputy Director of Nursing HoN = Heads of Nursing PRM; Patient Relations Manager LI:lead investigators
CE = Chef Executive

Updated; 1st November 2010 - C. Flowers, Director of Nursing

Appendix 3

Patient Experience Forward Planner

	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11
PPI Strategy												
Review strategy and TOR		√										
Annual PPI Report to Trust Board								√				
Review Patient Experience Action Plan progress		√		√		√		√		√		√
PPIPCO		√		√		√		√		√		√
GCR reporting		√		√		√		√		√		√
Trust Board Reporting		√		√		√		√		√		√
We Care patient experience programme progress		√		√		√		√		√		√
Monthly Operational group		√	√	√	√	√	√	√	√	√	√	√
Learning from patient feedback												
Monthly real time feedback reports		√		√		√		√		√		√
Divisional reporting on local patient survey & monthly discharge surveys		√		√		√		√		√		√
Local inpatient survey [DoH Ready reckoner]						√						
Quarterly complaints PALS report	√ Q2			√ Q3			Annual			√ Q1		
PROMS				√					√			
National patient survey actions		√				√		√		√		√
Outpatient survey actions		√						√				
Maternity survey actions				√						√		
A&E survey actions						√						√
Matron's report to Trust Board including monthly patient stories and observations of care			√			√			√			√
Reports from other groups												
End of Life care group		√						√				
Nutrition group		√				√				√		
Learning disability group				√						√		
Productive ward group & Essence of Care				√				√				
Patient Environment Action Team				√						√		

Performance monitoring												
Same sex accommodation			√			√			√			√
Privacy and dignity			√			√			√			√
Complaints and compliments data		√		√		√		√		√		√
Statutory Patient & public involvement												
LINKs / OSC update		√		√		√		√		√		√
Miscellaneous												
100 voices initiative		√				√				√		
Patient focus group feedback				√				√				√
Infection Control	√		√		√		√		√		√	
Bereavement				√						√		
Care Bundles		√						√				
Education						√						√
Chaplaincy and Multi-faith User Group				√						√		
Patient Information Group		√				√				√		
Nutrition Steering Group		√				√				√		

North West London Hospitals NHS Trust ▼

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EXISTING NATIONAL DATA



New data on individual questions



	National threshold	Your data	
Access & waiting	81.4	78.7	
Was your admission date changed by the hospital?	89.1	89.5	Q1
How do you feel about the length of time you were on the waiting list before your admission to hospital?	78.7	71.3	Q2
From the time you arrived at the hospital, did you feel that you had to wait a long time to get to a bed on a ward?	73.4	75.3	Q3
Safe, high quality, coordinated care	60.9	57.0	
Sometimes in a hospital, a member of staff will say one thing and another will say something quite different. Did this happen to you?	76.4	74.2	Q4
On the day you left hospital, was your discharge delayed for any reason?/What was the MAIN reason for the delay?	58.8	52.6	Q5
Did a member of staff tell you about any danger signals you should watch for after you went home?	44.6	44.1	Q6
Better information, more choice	63.3	63.8	
Were you involved as much as you wanted to be in decisions about your care and treatment?	67.1	63.9	Q7
Did a member of staff explain the purpose of the medicines you were to take at home in a way you could understand?	81.0	83.1	
Did a member of staff tell you about medication side effects to watch for when you went home?	40.5	44.5	

Enter new data:	New rating:
	84.8
92.79	
81.15	
80.58	
	71.7
80.58	
68.94	
65.52	
	71.1
85.56	

Building closer relationships	80.1	78.4					83.1
When you had important questions to ask a doctor, did you get answers that you could understand?	78.2	78.3					
Did doctors talk in front of you as if you weren't there?	80.0	81.3					
When you had important questions to ask a nurse, did you get answers that you could understand?	77.3	74.0			Q8	91.45	
Did nurses talk in front of you as if you weren't there?	83.4	80.0			Q9	81.46	
Clean, friendly, comfortable place to be	76.2	73.8					84.7
Were you ever bothered by noise at night from other patients/hospital staff?	65.9	69.2			Q10	91.54	
In your opinion, how clean was the hospital room or ward that you were in?	81.3	78.5			Q11	81.23	
How would you rate the hospital food?	48.2	46.3			Q12	47.62	
Were you given enough privacy when being examined or treated?	92.0	91.1			Q13	96.73	
Overall, did you feel you were treated with respect and dignity while you were in the hospital?	85.4	80.8			Q14	96.72	
Do you think the hospital staff did everything they could to help control your pain?	80.2	76.7			Q15	94.60	
Focus on the person	60.9	61.0					71.1
WRITTEN COMPLAINTS: Percentage of written complaints about HCHS services resolved locally within the 25 day limit	49.2	67.0				65.00	
Patient's family or someone close had the opportunity to talk to a doctor if they wanted to	58.9	61.7					
Patients found a member of hospital staff to talk to about their worries and fears	53.7	46.4				73.33	
A&E DEPARTMENT: Whilst in the emergency Department, patients were able to get a member of staff to help if they needed attention	70.5	68.9				84.26	
Learning organisation	37.2	39.2					39.2
STAFF SURVEY: Percentage of staff who reported that in the last month they had not seen any errors, near misses or incidents that could have hurt patients/service users	73.8	77.4					
During their hospital stay, patients were asked to give their views on the quality of care	3.9	6.6					

Whilst in hospital, patients saw posters or leaflets explaining how to complain about the care or treatment they received	29.7	33.7				
Dignity and respect	78.5	85.4				93.2
When first admitted, patients did not share a sleeping area with a member of the opposite sex	65.7	80			Q16	93.11
Patients did not have to use the same bathroom or shower area as patients of the opposite sex	57.3	80.4			Q17	93.36
Patients were given enough privacy when discussing their condition or treatment	78.2	80.2			Q18	93.75
OUTPATIENTS: Whilst in the outpatients Department, patients were given enough privacy when discussing their condition or treatment	90.6	92.7				95.88
OUTPATIENTS: Whilst in the outpatients department, patients were given enough privacy when being examined or treated	92.9	93.7				89.77